

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

97 JAN -2 AM 9:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

201-4

1. Name of Limited Partnership <b>HOPS OF PEMBROKE PINES, LTD.</b>	1a. DOCUMENT # <b>A96000001877</b>
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Mailing Address <b>c/o HOPS GRILL &amp; BAR, INC. 3030 N ROCKY PT DR WEST SUITE 650 TAMPA, FL 33607</b>	Principal Office Address <b>c/o HOPS GRILL &amp; BAR, INC. 3030 N ROCKY PT DR WEST SUITE 650 TAMPA, FL 33607</b>	3. Date Formed or Registered <b>10/09/96</b>	5a. Capital Contributions as Shown on record. <b>\$ 990.00</b>
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: <b>\$990.00</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation <b>FLORIDA</b>	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country		

9. Name and Address of Current Registered Agent <b>FOWLER, WHITE, GILLEN, ET AL ATTN: R. ALAN HIGBEE, ESQUIRE 501 EAST KENNEDY BLVD., SUITE 1700 TAMPA, FL 33602</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) <b>HOPS OF SOUTH FLORIDA, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>3030 N ROCKY PT DR WEST</b>	11b. City, State & Zip Code <b>TAMPA, FL 33607</b>	11c. Registration/Document Number <b>P96000073132</b>
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Thomas A. Schelldorf* DATE *12-31-96*  
Typed or Printed Name of General Partner Signing Form *THOMAS A. SCHELLORE* Daytime Telephone Number *813-282-9350*

CR2E003 (6/96)